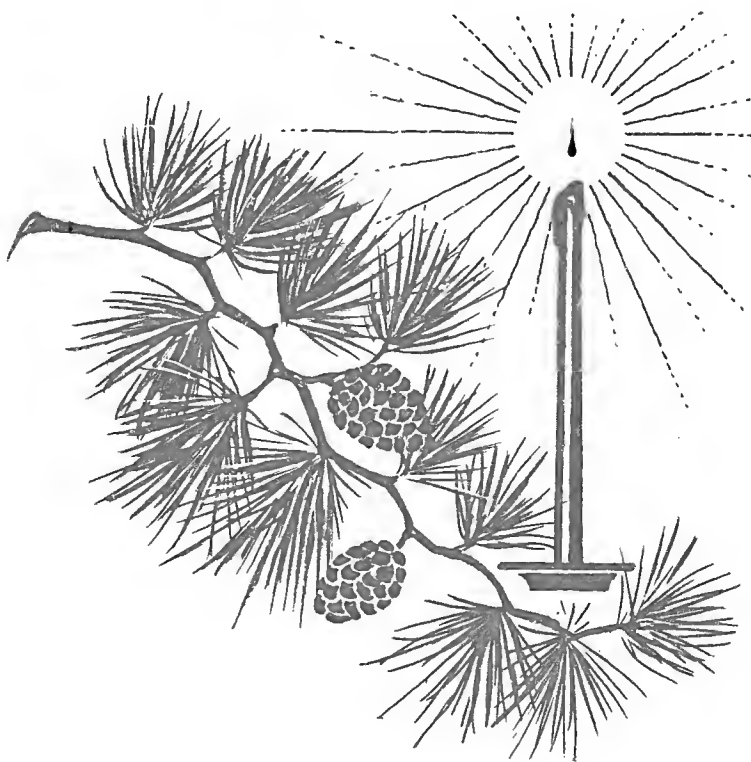


# Season's Greetings



## BULLETIN

of the  
MAHONING COUNTY MEDICAL SOCIETY  
YOUNGSTOWN, OHIO

December • 1958

Vol. XXVIII • No. 12

"Much better—



-thank you, doctor"

# COSA-TETRACYN\*

GLUCOSAMINE-POTENTIATED TETRACYCLINE

## CAPSULES

(black and white)  
250 mg., 125 mg.

## ORAL SUSPENSION

(orange-flavored)  
125 mg. per tsp. (5 cc.), 2 oz. bottle

## NEW! PEDIATRIC DROPS

(orange-flavored) 5 mg. per drop,  
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2. Most consistently elevated serum levels
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4. More rapid clinical response
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glucosamine-potentiated tetracycline  
with nystatin

antibacterial effectiveness plus added  
protection against monilial super-  
infection

**CAPSULES** (black and pink) 250 mg.  
Cosa-Tetracyclin plus 250,000 u. nystatin

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(5 cc.) Cosa-Tetracyclin plus 125,000 u. ny-  
statin, 2 oz. bottle

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glucosamine-potentiated tetracycline—  
analgesic—antihistamine compound

For relief of symptoms and malaise of  
the common cold and prevention of sec-  
ondary complications

**CAPSULES** (black and orange) Each capsule  
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120 mg. • caffeine 30 mg. • salicylamide 150 mg.  
buclicine HCl 15 mg.



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REFERENCES: 1. Carlozzi, M.: *Ant. Med. & Clin. Therapy* 5:146 (Feb.) 1958. 2. Welch, H.; Wright, W. W., and Staffa, A. W.: *Ant. Med. & Clin. Therapy* 5:52 (Jan.) 1958. 3. Marlow, A. A., and Bartlett, G. R.: *Glucosamine and Leukemia*. *Proc. Soc. Exp. Biol. & Med.* 84:41, 1953. 4. Shalowitz, M.: *Clin. Rev.* 1:25 (April) 1958. 5. Nathan, L. A.: *Arch. Pediat.* 75:251 (June) 1958. 6. Cornbleet, T.; Chesrow, E., and Barsky, S.: *Ant. Med. & Clin. Therapy* 5:323 (May) 1958. 7. Stone, M. L.; Sedlis, A., Bamford, J., and Bradley, W.: *Ant. Med. & Clin. Therapy* 5:322 (May) 1958. 8. Harris, H.: *Clin. Rev.* 1:15 (July) 1958.

## DECEMBER MEETING

Tuesday, December 16

ELKS CLUB



ELECTION OF OFFICERS



SPEAKERS

J. PAUL MOSSMAN, Executive Director  
EDWARD J. HULME, Executive Assistant  
YOUNGSTOWN AREA CHAMBER OF COMMERCE



6:00—Indoctrination Meeting

7:00—Cocktail Hour

8:00—Medical Service Foundation Meeting

8:30—Mahoning County Medical Society  
Election of Officers, followed by  
Complimentary Buffet Dinner

|   |
|---|
| DINNER RESERVATIONS MUST BE IN NO<br>LATER THAN FRIDAY, DECEMBER 12 |
|---|

---

## ANNUAL BANQUET

Saturday, January 31

TIPPECANOE COUNTRY CLUB



INSTALLATION OF OFFICERS

## OFFICERS AND COUNCIL

## OFFICERS

A. A. DETESCO, Pres.  
2921 Glenwood Avenue

M. W. NEIDUS, Pres-Elect  
318 Fifth Avenue

A. K. PHILLIPS, Secy.  
1005 Belmont Avenue

F. G. SCHLECHT, Treas.  
2218 Market Street

M. S. ROSENBLUM, Editor  
Home Savings and Loan Building

H. C. REMPEL, JR., Exec. Secy.  
1005 Belmont Avenue

## Censors

## Delegates

## Alternate Delegates

I. C. SMITH (1958)

A. RANDELL (1958)

C. C. WALES (1958)

G. E. DECICCO (1959)

P. J. MAHAR (1959)

J. J. McDONOUGH (1958)

S. W. ONDASH (1960)

H. P. MCGREGOR (1960)

C. E. PICHETTE (1958)

C. W. STERTZBACH (1961)

F. A. RESCH (1958)

Representative to the Associated Hospital Service

J. M. RANZ

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## Our President Speaks



It is a pleasure for me to extend to each member of our society a sincere wish for the best of health and happiness this holiday season. May the spirit of Christmas and the New Year bring the greatest joy and comfort to you and your loved ones.

As I reflect upon what has been accomplished this past year, I feel a deep sense of gratitude to every one who has worked so hard in the various committees. The chairmen of our various active committees are to be congratulated and thanked for their constructive and effective efforts.

It is the prerogative of the retiring president to call attention to the many complex problems that face medicine. An awareness of these prob-

lems will stimulate our thinking and direct our efforts to their eventual solution.

Much has been said of the "third party" which has been entering into the administration of medical care. We must be aware that prepayment insurance for illness is here to stay. Within ten years, 90% of our professional fees will be paid by a third party. Our patients are making great efforts to provide for their cost of medical care through voluntary prepayment plans. Our reaction, relationship, and cooperation with these prepayment plans will decide whether we have compulsory health insurance or private voluntary health insurance. The free choice of physician fee for service plan of medical practice is the pattern that everyone seeks to preserve. How well all of us, insurance companies and physicians, work at the preservation of this fundamental concept must be evaluated by our critical self analysis. A sincere yes answer to the following question by all parties concerned will resolve and preserve the free choice fee for service practice of medicine. Can the private practitioner, using the free choice concept of medicine, deliver medical care to his patients at a price they can afford for the wages they earn? *It is most important that all of us work constructively with private insurance plans so that the patient receives adequate coverage and the physician receives his equitable fee for services rendered.* Our free choice system has resulted in the best medical care in the world, but the economics of its administration will determine its future. Dr. Paul Hawley, who has become alarmed over the quality of future American medical care, has called attention to the quantity of medicine in England and a decrease in its quality. He reminds all of us that there is nothing so expensive as bad and inadequate medical care.

The increasing civic participation of our members is inspiring and encouraging. This will result in a more meaningful and purposeful life. Civic and community responsibilities are ours as well as our neighbors. The following will spell out a community wide program that will call attention to the medical profession as an effective and constructive factor in the refinement and enhancement of public welfare.

COOPERATION with all voluntary health agencies, whose function along with ours is to improve health.

(Continued on Page 536)

# BULLETIN of the Mahoning County Medical Society

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Volume 28

December, 1958

Number 12

Published for and by the Members of the Mahoning County Medical Society

## Editor

Morris S. Rosenblum, M.D.

## Associate Editors

Wayne Agey, M.D.

Hugh Bennett, M.D.

Leonard Caccamo, M.D.

James L. Fisher, M.D.

Robert Fisher, M.D.

Sidney Franklin, M.D.

Lester Gregg, M.D.

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Arthur E. Rappoport, M.D.

James L. Smeltzer, M.D.

James R. Sofranec, M.D.

Samuel Zlotnick, M.D.

Samuel Zoss, M.D.

## EDITORIAL

### THE EDITOR

Throughout the past year it has been my privilege and enjoyment to serve the Mahoning County Medical Society as the editor of its official publication, the Monthly Bulletin.

An editor, according to N. Webster, is one who superintends, revises or prepares a literary work for publication, one who conducts a newspaper, magazine, etc. This should be a very simple matter!!

Our bulletin features the news of its members, their activities, their views and thoughts, both scientific and socially. Some give willingly of their time and others who are very capable, shirk their duties in lending their efforts to make our bulletin perhaps a better one. There are a few who are never satisfied or pleased, no matter what is published.

We are very thankful to our advertisers who have contributed generously in making our magazine a financial success. I am most grateful to my associate editors, executive secretary and to those who generously helped in writing timely feature articles. Special thanks is given to the Director of Activities of the Rosenblum Household, my wife. Our publisher, the Youngstown Printing Company is commended for getting every issue of our magazine out on time in 1958.

All the above working harmoniously tend to make life comfortable for an editor—and I like comfort. . . . Thank you all!!.

"Knowledge and wisdom, far from being one,  
Have oft-times no connexion. Knowledge dwells  
In heads replete with thoughts of other men;  
Wisdom in minds attentive to their own.  
Knowledge is proud that he has learned so much;  
Wisdom is humble that he knows no more."

—Cowper

Morris S. Rosenblum, M.D.  
Editor

## OUR PRESIDENT SPEAKS (Continued)

CONSIDERATION in the form of a constant awareness of public health and the ability to initiate the proper action to meet these needs. Here the Mahoning County Medical Society is proud of its accomplishments to have everyone from infancy to 40 immunized against polio.

COMMUNICATION by using all news media to educate the public in preventive health problems and most important to promote a better understanding of the medical profession.

It has been an honor and a privilege to have served as your president. My sincere best wishes go to our next president, Dr. William Neidus. May he and his committees be blessed with great success.

Andrew A. Detesco, M.D.

President

## NOMINEES FOR 1959

The list of those nominated at the November Meeting is as follows:

### *President-elect*

F. G. Schlecht

### *Secretary*

A. K. Phillips

R. L. Tornello

### *Treasurer*

F. A. Friedrich

M. S. Rosenblum

C. W. Stertzbach

### *Representative to Associated*

### *Hospital Service*

E. R. Brody

J. M. Ranz

### *1961 Delegate*

G. E. DeCicco

K. C. Kunin

### *1962 Delegate*

Asher Randell

C. C. Wales

### *Alternate Delegate*

D. B. Brown

C. C. Wales

### *Alternate Delegate*

R. R. Fisher

Bertram Katz

### *Alternate Delegate*

P. L. Jones

J. J. McDonough

### *Alternate Delegate*

S. W. Ondash

C. E. Pichette

### *2 year Member of Council*

G. L. Altmann

L. L. Bernstein

M. S. Rosenblum

### *2 year Member of Council*

S. F. Gaylord

H. J. Reese

### *1 year Member of Council*

C. E. Pichette

R. L. Tornello

### *1 year Member of Council*

F. A. Resch

R. J. Scheetz

Further nominations may be made from the floor at the Dec. 16 election. Officers and members of Council previously elected and therefore not to be voted upon at the coming election are:

### *President*

M. W. Neidus

### *1959 Delegate*

P. J. Mahar

### *1960 Delegate*

H. P. McGregor

### *2 year Member of Council*

H. P. McGregor

S. W. Ondash

### *1 year Member of Council*

G. E. DeCicco

P. J. Mahar





**FAST-ACTING ORAL BROAD-SPECTRUM THERAPY.** The modern blue and yellow ACHROMYCIN V Capsules, combining equal parts of pure crystalline ACHROMYCIN Tetracycline HCl and Citric Acid, provide unsurpassed oral broad-spectrum therapy.

Speed of absorption adds new emphasis to the benefits of true broad-spectrum action, minimum side effects and wide range effectiveness that have established ACHROMYCIN as an antibiotic of choice for decisive control of infection.

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ACHROMYCIN V dosage: Recommended basic oral dosage is 6-7 mg. per lb. body weight per day. In acute, severe infections often encountered in infants and children, the dose should be 12 mg. per lb. body weight per day. Dosage in the average adult should be 1 Gm. divided into four 250 mg. doses.

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## COUNCILOR'S PAGE

Before we elect officers in December, I think we should review what our new constitution states with regard to the new council. "The officers of this society shall consist of the President, the President-elect, the Secretary, the Treasurer, and the Immediate past President. The above mentioned officers, the Editor of the Bulletin, and eight elected additional members shall constitute the fourteen members of Council of the Society. Delegates and Alternate Delegates shall be ex-officio members of council, but individually are eligible also for election as regular members." As ex-officio members only, they shall not have the right to vote. "All officers whose terms have not expired at the time this constitution shall be adopted shall



serve as such during the remainder of their unexpired terms." This means that our president, president-elect, and two of our delegates and two other members of council will serve out their elected terms. Dr. Detesco becomes immediate past president; Dr. Neidus becomes president. Dr. Mahar serves as senior delegate and member of Council for one more year; and Dr. McGregor will serve as delegate and member of Council for two more years. Dr. DeCicco will serve one more year and Dr. Ondash will serve two more years. The terms of all others expire. Dr. Stertzbach was appointed by the president to serve the remainder of the year as delegate when we found in January that we were entitled to four delegates. Being appointed and not elected he (or someone else) will have to be officially elected for a three or a four year term as a delegate.

By the time this article reaches you, you will have received notification by mail of the nominees for each office.

"Additional nominations may be made from the floor for each position at the December meeting, each such nomination must be seconded.

"Election of all officers shall be by ballot at the regular December meeting. Ballots for individuals who have not been nominated shall not be counted.

The term of office of the secretary and the treasurer shall be for two years or until their successors are elected and installed. These officers shall be elected on alternate years beginning with the secretary."

There will be four members of council to elect; two to serve two years and two one year. After that, four members will be elected each year to serve two years. As to delegates, Dr. Mahar will serve one more year and Dr. McGregor two more years. We must therefore elect one delegate to serve three years and one to serve four years. There are four alternate delegates to elect each of whom will serve one year.

The reasons for these changes in manner of election and reorganization of Council and Delegates are:

1. The members will know whom the nominees are and therefore can give more thought to the ballot.

2. The years one may serve on council are limited to six, unless the member is elected to President-elect, in which case he will serve a total of nine years. Many of us have served for twenty years, which may make us



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 Squibb Chloral Hydrate  
**NOCTEC**

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**CARDIOLOGY** "patients with cardiac disease . . . no proof that it is deleterious to the heart"

**DERMATOLOGY** "frequently the favorite of the dermatologist . . . skin reactions from it are uncommon"

**PSYCHIATRY** "The psychiatrist often finds it the agent of choice . . . much less likely to produce mental excitement"

Current Concepts in Therapy: Sedative-Hypnotic Drugs II, Chloral Hydrate, New England J. Med., 255:706 (Oct. 11) 1956, Adults: 1 or 2 7½ gr. capsules or 1 or 2 teaspoonfuls of Noctec Solution 15 to 30 minutes before bedtime.

Children: 1 or 2 3¾ gr. capsules or ¼ to 1 teaspoonful of Noctec Solution 15 to 30 minutes before bedtime.

Supply: 7½ and 3¾ gr. capsules, bottles of 100. Solution, 7½ gr. per 5 cc. teaspoonful, bottles of 1 pint. \*NOCTEC® IS A SQUIBB TRADEMARK.

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think we are indispensable, and may cause the membership to think it is a "closed corporation."

3. It will make for more experienced delegates and alternate delegates. There are two delegates to elect this year, one to serve three years and the other four years. *These should certainly be chosen from those who are on Council now or from recent past-presidents.* To elect those without experience on Council will defeat the purpose of the reorganization plan. *Alternate delegates should be equally qualified to take care of our problems in the Ohio State Medical Association.*

The Council of the Mahoning County Medical Society for 1959:

Immediate Past President: A. A. Detesco

President: M. W. Neidus

\*President-elect: \_\_\_\_\_

\*Secretary: \_\_\_\_\_

\*Treasurer: \_\_\_\_\_

Delegates:

P. J. Mahar, 1959

H. P. McGregor, 1960

\* \_\_\_\_\_, 1961

\* \_\_\_\_\_, 1962

Council members (to serve two years)

H. P. McGregor

S. W. Ondash

\* \_\_\_\_\_

\* \_\_\_\_\_

\*To be elected.

Alternate delegates:

\* \_\_\_\_\_, 1959

\* \_\_\_\_\_, 1959

\* \_\_\_\_\_, 1959

\* \_\_\_\_\_, 1959

Council members (to serve one year)

P. J. Mahar

G. E. DeCicco

\* \_\_\_\_\_

\* \_\_\_\_\_

It's eleven o'clock, November 11. Many of us will remember with deep emotion that moment forty years ago when the whistles blew, bands played, bells rang, crowds filled the streets—all overjoyed that we had ended the war that would end all wars and make "the world safe for democracy." After the recent election, one wonders what this country will be celebrating forty years from today. Some of you will still be around.

C. A. Gustafson, M.D.

### HAPPY BIRTHDAY!!!

December 17

D. B. Brown

December 19

L. P. Caccamo

S. R. Zoss

December 21

C. S. Peabody

December 23

D. E. Montgomery

A. E. Rappoport

December 24

W. H. Bunn, Sr.

J. L. Smeltzer

December 25

W. H. Evans

W. L. Mermis

M. S. Zervos

December 27

A. E. Brant

S. Epstein

W. E. Maine

December 28

W. R. Smith

J. J. Sofranec

December 31

J. M. Cavanaugh

January 2

J. Colla

M. H. Steinberg

January 3

J. K. Herald

R. H. Middleton

J. B. Stechschulte

January 5

H. L. Scharf

A. B. Sherk

January 6

Jas. Medley

January 10

D. T. Yoder

January 11

E. H. Young

January 13

A. J. Brandt

January 14

H. P. McGregor

J. M. Ranz

January 15

W. H. Bunn, Jr.

## **METAL THAT IS "OUT OF THIS WORLD"**

Sputniks and Explorers were undoubtedly made, in part, of stainless steel. Already, some aluminum and titanium—yesterday's wonder metal—have been replaced by stainless steel in supersonic aircraft.

The reasons why space travel will help stainless steel, are set forth in an article—"The Steel With The Bright Future"—in the current issue of "March of the Markets," our monthly publication. Here, too, you will find articles and brief discussions on investment opportunities in many fields. This 16-page booklet is readable, concise and objective.

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## MINISTER AND DOCTOR—PARTNERS IN HEALTH

*by Dr. Sidney M. Berkowitz, Rabbi*

*Congregation Rodef Sholom*

It is with humility that I accept the invitation of the Editor of the Bulletin to contribute an article relating to the common ground that undergirds both our professions. It should be obvious, at this stage of civilization, that ministers and doctors are no longer in competition with one another; and, albeit there may be some over-lapping in dispensing of skills, still, among the more sane, we are content to look upon one another as partners in health.

In this consideration, I am not looking upon the clergy as "healers," although there are some who make such claims (and quite lucratively too); nor am I concerned with the role of some ministers today who arrogate unto themselves the judgement as to how long the suffering should be permitted to live. Rather, I would confine our view to less cosmological considerations—stated simply, how can the minister's visitation speed the recovery?

If there is ever a time when "a feller needs a friend," it certainly comes during the first few hours of being hospitalized. The person may have been the king-pin in his business organization—barking out orders to hundreds of underlings, in every way "master of his soul and captain of his fate." Then suddenly he is stripped—quite literally—of his outward identity, draped in a knee-length hospital gown (which certainly does nothing to bolster the morale of a female patient), which neither keeps down in the front nor closed in the back, and then must take orders from even the lowest of the personnel. This person needs to have his social status restored. It is that function which his minister or doctor can fulfill, and, in doing so, can remove this impedence to his recovery.

Secondly, a minister can be of inestimable value in being a good listener for a patient. We know that the mentally and emotionally ill person becomes very ego-centric and introspective in his disturbed state, but we tend to gloss over the psychological factors in a purely physical malady. Too often we hear the catch-all phrase, "snap out of it," applied equally by doctor and minister as a kind of nostrum. No one else may think that the patient has a serious complaint, and the physical tests may corroborate such conclusions, but as long as the patient thinks so, then it must be serious. Such a patient is not interested in a statistical recitation of how many are "worse off than he." Nor does it give him any reassurance to be told that "he is making a mountain out of a mole hill." This tends to build a wall of resentment between the patient and those who would minister to him. The comforter must try to share the patient's feelings. The strategy of the professional is not to minimize the dimensions of the complaint; leave this prerogative to the patient. Eventually, if enough time can be spared for the process, the ill person himself will try to reassure the minister that there are others in the hospital who are far sicker and in greater need of visitation and help. In reassuring the minister or doctor, the patient has, in the process, reassured himself. Thus, he has helped to remove fear which is an impedence to recovery.

Frequently, in visiting the bedside of the ill, the minister senses in the patient emotions of hostility or guilt—sometimes both. The feelings of guilt are directed inward. Often they are expressed in such words as: "What did I do to deserve this?" or "Why is God doing this to me?" Hostility is expressed outwardly, against doctors, nurses, or other personnel. The minister



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- The continuing help of a qualified MAICO Consultant to assure the best possible results for your patient. An expert in hearing, he understands hearing problems and stands ready to help at all times.
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- Refer your patients with confidence.

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Riverside 3-7212

C. P. KLEIN, Manager

must understand that the patient is trying to fix blame on himself or others for his pain or distress. The clergyman often finds himself faced with a most delicate situation when the patient doubts his faith and questions his God with relation to his sickness. Above all, neither the minister nor the doctor must exploit these guilt-feelings. This certainly is no time to put the "fear of God" into a person already riddled with fear and anxiety. This is the golden opportunity to lead the patient gently and carefully into an understanding of God's love. The patient must be made to feel that no backsliding caused his illness—that this is no whiplash of an angry Deity. The patient must be reassured that he is a good person regardless of what error he may have committed. In this manner, he begins to orient himself to a universe over which a loving God presides, hostility is diminished towards family and those serving him in the hospital, and as a result, guilt is removed and with it another impedence to his recovery.

Neither minister nor doctor can accomplish his dedicated task unless he firmly believes himself in the loving nature of the Father of us all, that there is a benign purpose to this life, that he can give an affirmative answer, to himself and to the patient, to the question: "What more does life expect from me?" Minister and physician must understand that man is not omniscient, that his knowledge is finite, and above all, that good health and piety have nothing to do with one another. From the humble oyster we can both learn and teach a great lesson in life. A grain of sand works its way into the bi-valve. The oyster labors to smooth over the irritation, and in the process it converts the grain of sand into a precious pearl. It is not how many grains of sand come into our lives to irritate and trouble us. It is what we do with them. It is how we convert them into pearls of understanding and acceptance. It is not what happens to us, but what we do with what happens to us. An old epitaph in a neglected cemetery expresses the thought succinctly: "Life is not just having a good hand—it is playing a poor hand well."

---

### REPORT OF REPRESENTATIVE TO THE 'STATEHOUSE CONFERENCE ON EDUCATION'

Throughout Ohio there are being conducted conferences of lay persons on the subject of public education. Called the Statehouse Conference on Education, this program has sought the interest and support of a wide variety of Organizations.

The problems that face our public schools were divided into the four categories: teachers, school district organization, curriculum, and finances. Each of these subjects was treated by a capable authority in open session and then further public discussion in small groups drafted suggestions that are to be presented in a state conference in Columbus on October 28.

Perhaps the forceful conclusion of importance from this conference, is that the greatest need of our public schools is a body of parents who desire education for their children. Parents who are willing to implement this desire by their active participation and support.

*George B. Pugh, M.D.*

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United Food Management Services, Inc. has requested the help of the Mahoning County Medical Society to locate a physician to do medical examinations for them.

Anyone interested in further information should call the Medical Society office, Riverside 6-8431.



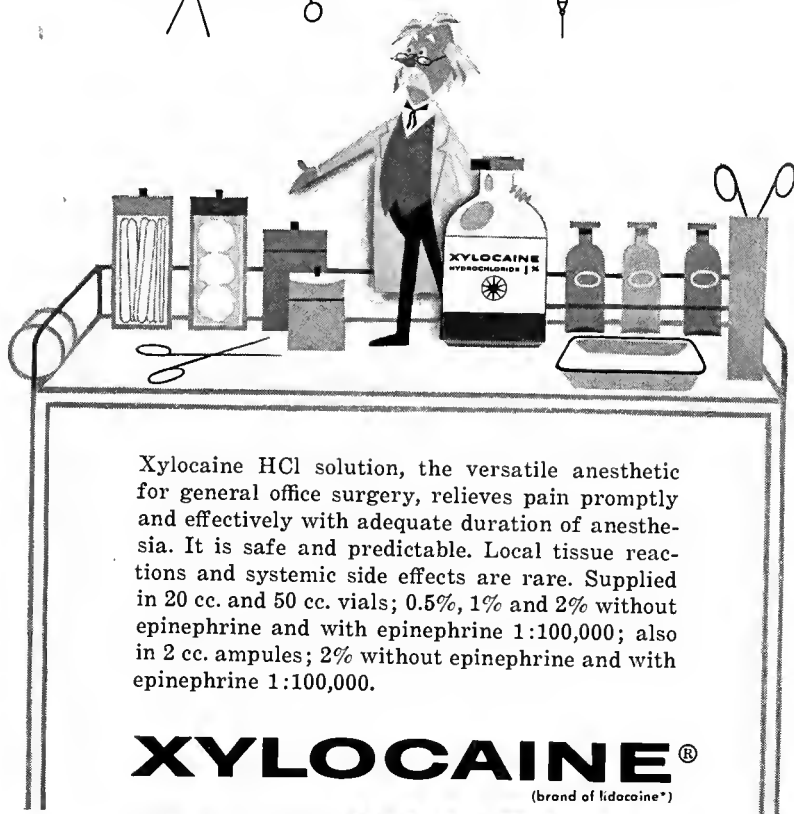


## IN OFFICE SURGERY

ELECTIVE AND TRAUMATIC

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*as a local or topical anesthetic*

SWAB  SPRAY  INFILTRATION  NERVE BLOCK



Xylocaine HCl solution, the versatile anesthetic for general office surgery, relieves pain promptly and effectively with adequate duration of anesthesia. It is safe and predictable. Local tissue reactions and systemic side effects are rare. Supplied in 20 cc. and 50 cc. vials; 0.5%, 1% and 2% without epinephrine and with epinephrine 1:100,000; also in 2 cc. ampules; 2% without epinephrine and with epinephrine 1:100,000.

# XYLOCAINE®

(brand of lidocaine\*)

## HCl SOLUTION



Astra Pharmaceutical Products, Inc., Worcester 6, Mass., U.S.A.

\*U.S. PAT. NO. 2,441,498

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## DR. JOHN N. McCANN

The Mahoning County Medical Society experienced pride and pleasure when one of its distinguished members and past presidents Dr. John N. McCann was presented the 6th annual Purnell award by the Junior Chamber of Commerce on October 29, 1958, for outstanding service to Youngstown.

He is a native of Youngstown, born October 8, 1903; educated at St. Columba's and Rayen School. He obtained his undergraduate and medical training at Georgetown University, graduating in 1927. During his vacations, he worked as a railroader. He interned at the Providence Hospital, and then was resident in Orthopedics at Johns Hopkin's Hospital, Baltimore, Maryland. He then returned to Youngstown to start his illustrious career which led to his many honors. He is the former chief of the medical service at St. Elizabeth's Hospital and a former trustee of the Mahoning County Tuberculosis Sanatorium.

For the past 15 years he has been a member of the Ohio State Medical Board and at present is serving as its president. He is a past president of the Federation of State Medical Boards of the United States, which during his term of office helped many refugee physicians obtain proper credentials and licenses to practice medicine in the United States.

The above are only his medical achievements. He also found time to serve as a trustee of the Y.M.C.A. for 25 years and was chairman of the physical education committee for many years. For years the regular fore-some of Judge Eugene Bennett, Jack McPhee, Paul Davies, and Dr. McCann played quite a game of handball. Their groans and grunts resounded throughout the corridors of the Y. Lest we forget, he is also a member of the board of trustees of Youngstown University and the Youngstown Foundation.

On October 16, 1939 he married Mary Louise Radowick who has shared in these many honors. His taste for reading and music are the classics. At this particular season of the year, the good doctor is again preparing to perform his stint as an alias Santa Claus butcher for Esther Hamilton. Congratulations Jack, for well deserved honors. *Morris S. Rosenblum, M.D.*




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## SOCIAL NEWS

### St. Elizabeth Hospital

Congratulations to Dr. and Mrs. Shorr on the birth of Patricia born Oct. 25.

Drs. J. M. Ranz, A. K. Phillips, Clifford and Sovik caught 30 big fish at the Rockwell Trout Stream near Sandusky recently. J. M. was the expert in the crowd, but from what I heard, each caught at least one fish.

The Parke Davis tour at Detroit attracted Dr. and Mrs. Coe, Bayuk, Gasser, William Mermis, Bruchs, Chalker, Bernat, and Dr. Lamprich. From all reports, they had excellent accommodations at the Sheraton Cadillac and saw a few shows, with P D footing the bill, plus throwing in a big banquet.

Everybody from Youngstown at the Notre Dame-Pitt game was sad except Dr. Bayuk. Drs. Pichette, Mahar, Scheetz, Benko, McDonough and Stotler were there to cheer for ND in vain.

Our condolences to Dr. Birch on the recent death of his Mother.

*J. R. Sofranec, M.D.*



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ANEMIA  
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hypochromic anemias, including nutritional deficiency types. The intrinsic factor in the Trinsicon formula enhances (never inhibits) vitamin B<sub>12</sub> absorption.

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## FROM THE BULLETIN

### Twenty Years Ago—December 1938

It was not a bad year from any standpoint. Editor James Brown reported a net profit of \$52.41 on the Bulletin. The annual banquet showed a loss of \$175.90 and the corn roast cost \$1.75 but the lecture course on "Treatment" showed a profit of \$263.00 and Post-Graduate Day brought in \$313.44 net. We finished the year \$285.91 to the good.

In addition to the monthly programs scheduled by John Noll, there was a brilliant Post-Graduate Day arranged by James Birch's committee with a group from the Lahey Clinic and a series of eight lectures by speakers from the Cleveland Clinic.

On the lighter side there was a corn roast, the annual banquet and the first dinner-dance, all under the auspices of the late Harry Patrick. There were 256 members.

The Associated Hospital service was organized and Dr. Allsop reported that it was doing well with 9,300 active members and good prospects for the future.

There was an old report of the medical staff of the Youngstown Hospital for the year 1898 which is very interesting. That year 335 patients were treated; 284 recovered, 17 were improved, 9 were not improved and 26 died. This doesn't add up but that is what the report said. There were 231 surgical patients with 40 amputations, 5 cancerous tumors excised and 1 hysterectomy. No operation for appendicitis was listed although the admissions showed 7 cases. There was one obstetrical case treated, no birth reported and no Caesarian operation. One operation was reported for repair of the perineum.

There were 33 cases of typhoid fever and 3 of malaria treated. Eight of the typhoid patients died, as did one of puerperal septicemia. Four cases of alcoholism were treated and one died.

There was 1 case of gastralgia, 1 of melancholia, 1 of anemia, 1 catarrh of the stomach, 5 rheumatism and 1 capillary bronchitis (died).

Many of the cases were traumatic in origin. There were 23 fractures treated and 40 amputations performed. There were crushed chests and extremities, punctured wounds, lacerated wounds and contusions which reflect the industrial activity of the valley, but traffic accidents were no problem then.

Even the vocations of the patients were listed: there were iron workers, puddlers, roughers and rollers; farmers, gardeners and carriage makers; bartenders, saloonkeepers and cigarmakers. Also 1 nurse and 1 physician.

Staff members 60 years ago were: A. M. Clark, B. F. Hahn, Geo. S. Peck, J. J. Thomas, H. H. Hawn, W. L. Buechner, R. D. Gibson, H. E. Blott, H. E. Welch, H. A. Zimmerman, R. H. Montgomery, R. E. Whelan and J. H. Bennett. There were no internes, no residents, no path conferences, no x-ray and no Boards of Accreditation. Those were the good (?) old days.

### Ten Years Ago—December 1948

Another successful year for the Medical Society. President Noll reported the formation of the new "Medical Service Foundation." Post-Graduate Day brought us a group from the University of Illinois College of Medicine.

By that time our Post-Graduate Day was being rivalled by the Sixth Councilor District Post-Graduate Assembly. They put on a program at Akron with a group from the University of Pennsylvania which was well attended by Youngstown doctors. There was talk about combining the two meetings. That has been done and nowadays we take turns with Trumbull, Summit and Portage Counties in putting on programs which rival the Ohio State meetings.

no better way  
to control vomiting

## Trilafon Repetabs

perphenazine

1 REPETAB 8 mg.\* *Stat.*

repeat in 12 hours

if necessary

*documented effectiveness and safety in*

gastroenteritis  
acute infections  
drug-induced vomiting  
pre- or postoperative emesis  
morning sickness  
hyperemesis gravidarum  
radiation sickness  
carcinomatosis  
psychogenic vomiting

*when oral therapy is not feasible*

TRILAFON Injection

\*TRILAFON® REPETABS,® 8 mg.—4 mg.  
in the outer layer for *prompt effect*  
and 4 mg. in the inner core for  
*prolonged action.*

TRILAFON Injection: 5 mg.  
ampul of 1 cc.

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The Indigent Relief Committee reported that in 1948 the Mahoning County Relief Organization spent \$16,448.50 for doctor's fees and \$7,358.89 for medical supplies. The Great Depression of 1930 to 1935 was over and this sum for care of the indigent sick in 1948 seems rather large. Chairman Getty made no comment.

The Legislative Committee set up a program to give Youngstown a Board of Health with a full time health commissioner. The program was set up with the approval of Mayor Henderson but action was postponed until next spring so that the amendment could be placed on the ballot. It wasn't.

We suspect that the Mayor had his tongue in his cheek, because ten years later when the amendment finally reached a vote, he campaigned actively against it.

There were three new members that month: Robert J. Heaver, Herbert Bryan Hutt and Richard Renner Goldcamp.

*J. L. Fisher, M.D.*

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### RECOMMENDATIONS OF PRE-SCHOOL HEALTH COMMITTEE ON THE WELL BABY CLINIC PROGRAM

Members present at the meeting held on September 5, 1958 were Drs. E. Young, H. Segall, B. Brandmiller, V. Boening, R. Wegner and E. Rizk (chairman).

1—Well baby clinic should be under the direction of the Board of Health and the Board of Health physician.

2—All basic immunization previously recommended by the committee should be included in their program, such as:

Diph.-Pert.-Tet.

Polio

Smallpox vaccination

Tuberculin skin test

3—Some plan be adopted to discourage those that can afford private medical care from the use of the well baby clinic and encourage those that are eligible for the clinic to make use of those facilities. This plan can take the form of a means test. A central social service agency may be used to classify these patients and provide identification cards for those patients that are eligible according to their financial status. This classification card and means tests should be renewed at intervals to make changes depending upon the financial status.

4—Some facilities for the care of the sick child that is eligible for the well baby clinic be provided through the hospital emergency room and hospital pediatric clinics. A liaison to be established with the hospital and the use of the identification card may be presented at this time for the care of the sick child. He can then be referred back to the well baby clinic after completion of treatment.

5—Public education about these facilities which are available in this community for those eligible to attend this program.

It's the opinion of the committee that the VNA has provided a very worth while service in the conduction of the well baby clinic program.

*Edward G. Rizk, M.D.*

*Chairman*

*Pre-School Health Committee*

**Make new**

**Panalba\***

(Panmycin† Phosphate plus Albamycin\*\*)

**your  
broad-spectrum  
antibiotic  
of first resort**

**effective against more  
than 30 common pathogens,  
including even resistant  
staphylococci.**

**Available forms:**

1. Panalba Capsules, bottles of 16 and 100 capsules. Each capsule contains:

Panmycin phosphate (tetracycline phosphate complex) equivalent to tetracycline hydrochloride ..... 250 mg.  
Albamycin (as novobiocin sodium) ..... 125 mg.

2. Panalba KM †† Flavored Granules. When sufficient water is added to fill the bottle, each teaspoonful (5 cc.) contains:

Panmycin (tetracycline) equivalent to tetracycline hydrochloride ..... 125 mg.  
Albamycin (as novobiocin calcium) ..... 62.5 mg.  
Potassium metaphosphate ..... 100 mg.

**Dosage:**

Panalba Capsules  
Usual adult dosage is 2 capsules q.i.d.

**Panalba KM Granules**

For the treatment of moderately acute infections in infants and children, the recommended dosage is 1 teaspoonful per 15 to 20 lbs. of body weight per day, administered in 2 to 4 equal doses. Severe or prolonged infections require higher doses. Dosage for adults is 2 to 4 teaspoonfuls 3 or 4 times daily, depending on the type and severity of the infection.

**Upjohn**

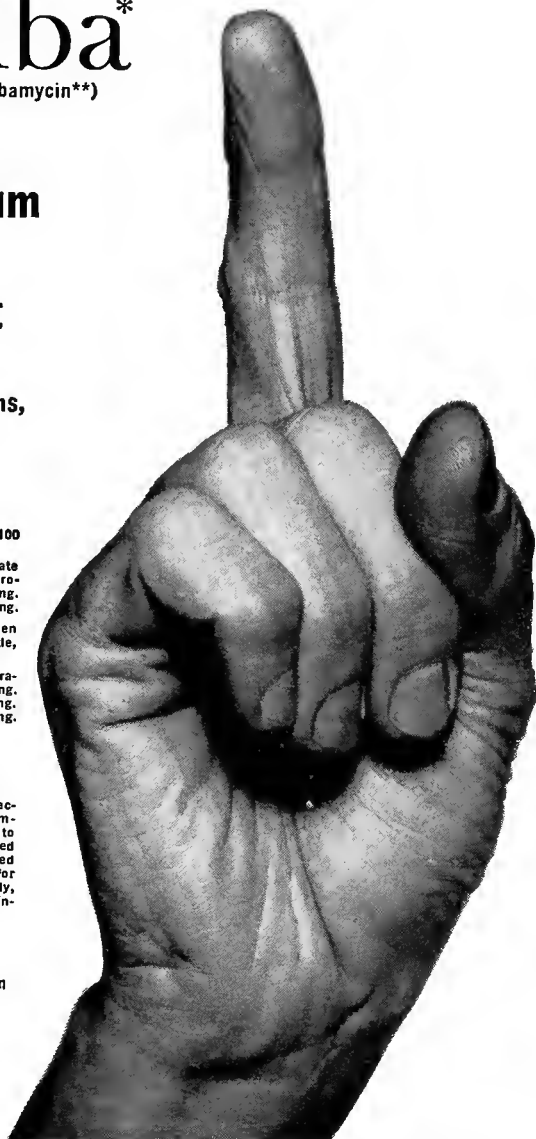
The Upjohn Company, Kalamazoo, Michigan

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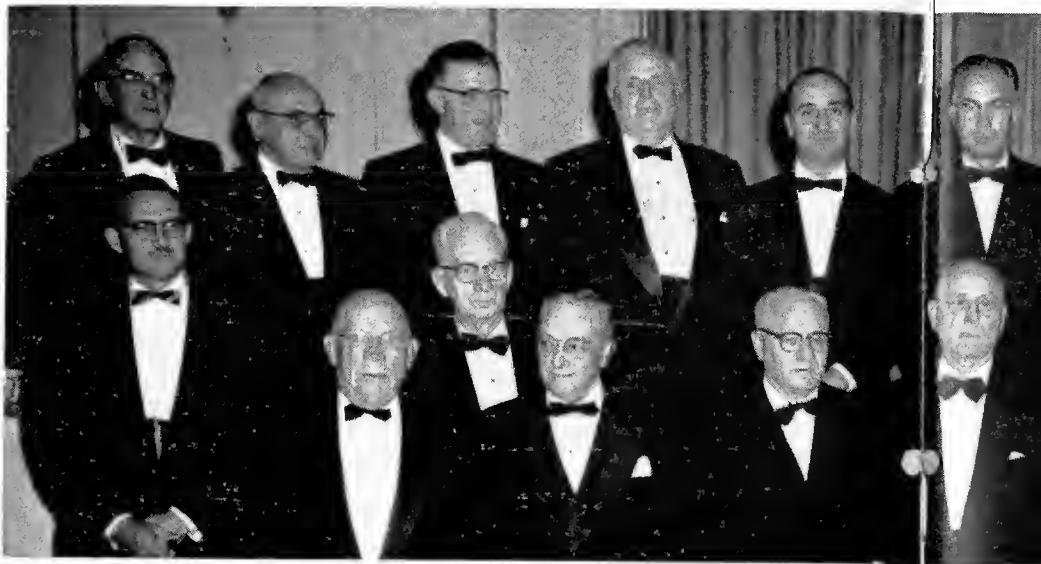
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BRAND OF TETRACYCLINE

\*\*TRADEMARK, REG. U. S. PAT. OFF.—THE UPJOHN  
BRAND OF CRYSTALLINE NOVOBIOCIN SODIUM

††TRADEMARK



## Our Past Pres



Past-presidents assembled for this picture at the September banquet are: (TOP ROW) F. W. McClure (1926), P. J. Fuzy (1937), G. G. Nelson (1950), J. N. McCann (1949), A. A. Detesco (1958), G. E. L. (1956), W. H. Evans (1943), J. D. Brown (1954), S. W. Ondash (1957), L. G. Coe (1936).

(BOTTOM ROW) V. L. Goodwin (1953), W. K. Allsop (1925), C. A. Gustafson (1952), J. P. Harvey (1940), R. B. Poling (1940), E. H. Nagel (1944), J. M. Ranz (1918), John Noll (1948), E. J. W. (1951), McKelvey (1947), I. C. Smith (1955).

### MAHONING SOCIETY RECEIVES EDUCATION AWARD

A plaque for outstanding contribution to the American Medical Education Fund was presented to the Mahoning County Medical Society at the recent Post-Graduate Assembly in Akron.

Dr. Andrew A. Detesco accepted the award from Dr. Merrell D. Prugh, state chairman of the medical fund.

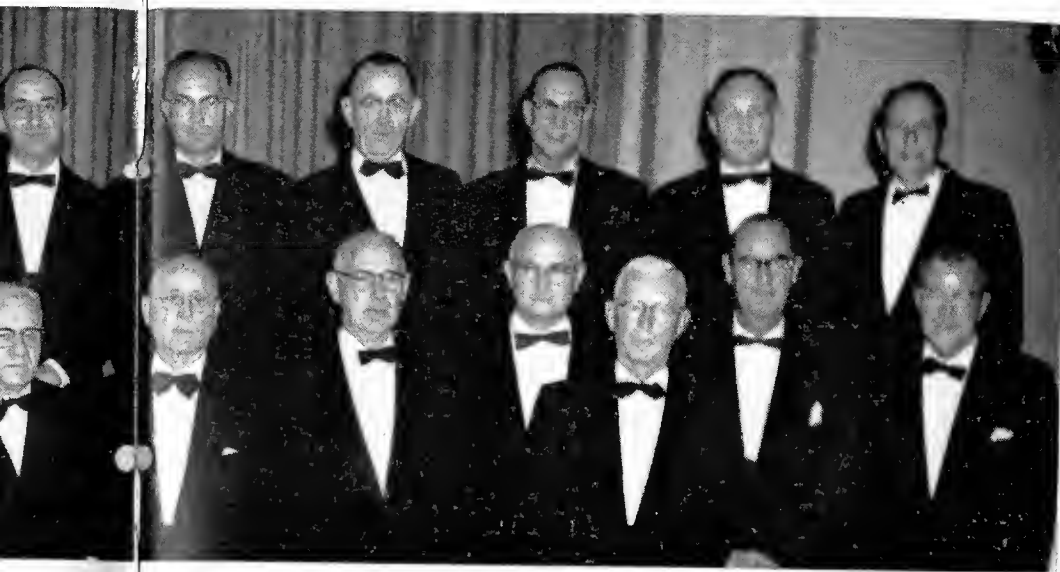
The society's contribution this year was made as a memorial to Dr. William Skipp. Chairman of the American Medical Education Fund Committee is Dr. Harry Smith.

Plaque reads: "To the Medical Service Foundation of Mahoning County for your outstanding contribution to the preservation and continuance of the high standards of medical education in the United States of America." It is signed by George F. Lull, President.

Dr. A.  
accep  
M. D.



# Past Presidents



Top Row: (TOP ROW) F. W. McNamara  
A. Detesco (1958), G. E. DeCicco  
G. Coe (1936).

Bottom Row: (BOTTOM ROW) J. P. Harvey (1933),  
1948), E. J. W. (1951), G. M.

## AWARD

Education  
at the recent

Dr. D. Prugh,

Dr. A. A. Detesco  
Fund Com-

Mahoning County  
ance of the  
America." It is

Dr. A. A. Detesco (right)  
accepts award from Dr.  
M. D. Prugh.



## **Faster rehabilitation in**

**Joint inflammation and muscle spasm are the two elements most responsible for disability in rheumatic-arthritic disorders—and MEPROLONE is the one agent that treats both.**

MEPROLONE suppresses the inflammatory process and simultaneously relieves aching and stiffness caused by muscle spasm, to provide greater therapeutic benefits and a shorter rehabilitation period than any single antirheumatic-antiarthritic agent.

MEPROLONE-2 is indicated in cases of severe involvement, yet often leads to a reduction of steroid dosage because of its muscle-relaxant action. When involvement is only moderately severe or mild, MEPROLONE-1 may be indicated.

**SUPPLIED:** Multiple Compressed Tablets in three formulas: MEPROLONE-2—2.0 mg. prednisolone, 200 mg. meprobamate and 200 mg. dried aluminum hydroxide gel (bottles of 100). MEPROLONE-1 supplies 1.0 mg. prednisolone in the same formula as MEPROLONE-2 (bottles of 100). MEPROLONE-5—5.0 mg. prednisolone, 400 mg. meprobamate and 200 mg. dried aluminum hydroxide gel (bottles of 30).

**a**

**Because muscles move joints, both muscle spasm and joint inflammation must be considered in treating the rheumatic-arthritic patient...**



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# Rheumatoid Arthritis

multiple compressed tablets

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THE FIRST MEPROBAMATE-PREDNISOLONE THERAPY



**b**

MEPROLONE is the one antirheumatic-antiarthritic that exerts a simultaneous action to relax muscles in spasm and to suppress joint inflammation . . .

**c**

Therefore, MEPROLONE does more than any single agent to help the physician shorten the time between disability and employability.



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## DOCTOR-PATIENT RELATIONSHIP: REACTIONS TO ILLNESS AND THERAPY

Although physicians are aware that their patients have psychological problems associated with their illnesses, little has been written concerning this subject. A separation of the sick into medical and surgical groups is arbitrary but it has some value—both for physicians in their practices and for understanding people who react according to these categories (for example, "Going under the knife," unconsciousness associated with anesthesia, fear related to acute heart disease, helplessness with many illnesses).

It is impossible to delineate all the different reactions—reactions that are as varied as the people's personalities, their current environmental problems, their pattern of response to stress, their fears about the possible effects of illness and therapy upon their future. Theories that certain personalities or specific psychological conflicts cause specific psychosomatic illnesses have not been proven.

The knowledge of some reactions to illness, diagnostic procedures, and therapies, will help physicians better understand their patients. The proper use of such knowledge will produce a better doctor-patient relationship and bring forth a better response than that coming purely from the physician's scientific skill, training, experience, knowledge, and judgment.

Illness of any kind is a source of many psychological threats to every person. Diagnostic studies and therapeutic procedures (for example, surgery) add more threats.

Common results from these felt threats include depression, fearfulness, generalized anxiety, passivity, dependency, physical complaints, physical and mental deterioration, so called psychosomatic complaints and illnesses, uncooperativeness. Preceding any of these well known reactions are attitudes about illness, examinations, and therapies.

Frequent sources of these troubles are:

1. Effects of self blame and guilt—in this group are those people who feel that illness is the result of misdeeds (real or imagined), sins, and not taking care of one's self. These people frequently react with some form of anxiety and later with depression.
2. Effects of blaming others—self blame can easily become projected upon others. These people end up blaming physicians, hospitals, nurses, or their family. The final result is rarely true paranoid distortions but more often an existence marked by anger, dependency, dissatisfaction, criticism, and complaining.
3. Effects of exaltation—many people get great comfort from the heightened self esteem of special status. They select their illness, therapy, physician, relationship with the physician, or the hospital as a source of self satisfaction. Often a physician will unwittingly use this effective weapon; more often, the patient uses it—witness the people who go to other cities for diagnostic studies and therapy when equal care is available in this community.
4. The effects of vulnerability—a surprisingly large number of people seem to have a feeling of invulnerability—others get sick, others need medical care. When illness strikes these people, they tend to become fearful and panic stricken in spite of attempts to maintain a front of cheerful lack of concern.

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improved  
formula!*

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Squibb Vitamins for Therapy

expanded to include certain essential  
vitamins . . . extra value  
. . . at no extra cost to your patients

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Each new, improved Theragran capsule supplies:

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| Vitamin A                                    | 25,000 U.S.P. Units |
| Vitamin D                                    | 1,000 U.S.P. Units  |
| Thiamine Mononitrate                         | 10 mg.              |
| Riboflavin                                   | 10 mg.              |
| Niacinamide                                  | 100 mg.             |
| Ascorbic Acid                                | 200 mg.             |
| Pyridoxine Hydrochloride                     | 5 mg.               |
| d-Calcium Pantothenate                       | 20 mg.              |
| Vitamin B <sub>12</sub> activity concentrate | 5 mcg.              |

1 or more capsules daily as recommended by a physician. Family Pack of 180.  
Bottles of 30, 60, 100 and 1000.

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*new!* **Theragran Junior**  
formulated for vitamin therapy in children and adolescents as Theragran is formulated for adults.

**Theragran Liquid**  
for patients who prefer liquid vitamin therapy

**Theragran-M**  
with extra vitamins and minerals



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5. Effects of loss of those attributes associated with power, personal appearance, sexual, physical and mental skills, earning capacity —people who feel threatened in the above ways have a great variety of emotional reactions.

With the increasingly larger number of people in the upper age group, psychological reactions in the aged must be considered. The portion of illness due to emotions in the aged are due to social, economic, and psychological factors far more than disturbances in brain cell functioning. The aged are prone to have depressive reactions (frequently expressed as physical complaints, insomnia, restlessness, apathy) due to loss of self esteem, lowered status, rejection, and loneliness.

Thus, the physician can help each patient by his understanding and perceptiveness with therapy based on his awareness of the sick person's feelings concerning his illness.

*Frank Gelbman, M.D.*

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### REPORT OF THE PUBLIC RELATIONS COMMITTEE FOR 1958

1. Interviews of doctors once a week on Adelaide Snyder's program on television.
2. Television program monthly, emceed by Dr. Jack Schreiber.
3. Speakers Bureau organized and headed by Dr. E. Pichette.
4. A second Medical Aids Orientation Dinner was given on May 27th. This successful project had Dr. William Sovik as chairman. He was instrumental in having a style show and door prizes donated by the G. M. McKelvey Co. A public relations official from the A.M.A. attended.
5. A combined meeting of the administrators of both hospitals, Esther Hamilton, Dr. Detesco and myself was held with regards to a Code of Cooperation between the doctors-hospitals and the press on a matter of news releases.
6. Participation of the Public Relations Committee with the several news media about the Asiatic Flu and Polio Vaccine Drives.
7. Your chairman was asked by the A.M.A. to serve on a panel of physicians and medical society executives to cross-examine another panel of four experts, representing labor, industry, insurance, and politics. He attended this Public Relations Institute on August 27, and also made important contacts for the Mahoning County Medical Society, so that the methods used by the Society to get the people of a community behind the effort of obtaining a health commissioner will be publicized nationally, with credit being given to Dr. John McDonough and his workers.

*Lewis S. Shensa, M.D.*

*Chairman,*

*Public Relations Committee*

---

### THURSDAY STILL PREFERRED DAY-OFF

The result of the most recent poll to determine whether Wednesday or Thursday is most desirable as a day off shows the following results:

|                      |     |
|----------------------|-----|
| Wednesday preferred: | 60  |
| Thursday preferred:  | 154 |

**P.S. — (Patient Service)**

**DOCTOR**—HAVE YOU HAD OCCASIONS WHERE PATIENTS REQUIRED SPECIAL EQUIPMENT FOR THE SICK ROOM?

WE AT LYONS PRIDE OURSELVES IN BEING ABLE TO WORK WITH YOU AND YOUR PATIENTS, SUPPLYING THEM WITH EQUIPMENT BEST ADAPTED TO THEIR PARTICULAR CASE.

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Exceptionally broad benefits and coverage at unusual low cost — resulting from group purchasing power.

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## ON THE SUBJECT OF KINGS

The Holy Roman Empire was gone and the Hapsburgs, too, were to go in the first part of the 20th Century. Franz Joseph, Emperor of Austria, King of Hungary, so little interested in the scientific and cultural climate of his Capitol, which had reached its peak during the 19th Century, found himself presiding over the demise of the House of Hapsburg. The Empress Elizabeth was assassinated, The Crown Prince Rudolph died very mysteriously at Mayerling, Maximilian of Mexico was executed by Juarez, and the assassination of the Archduke Franz-Ferdinand in Serbia was to touch off the first World War. The tourist may visit the crypts of the Capuchin Monastery in Vienna and view the sarcophagi of these Hapsburgs and their ancestors, the Emperors of the Holy Roman Empire. Empires everywhere at this time were falling, and the face of the world was to change, as time hurried along into the 20th Century, and as new problems replaced old ones.

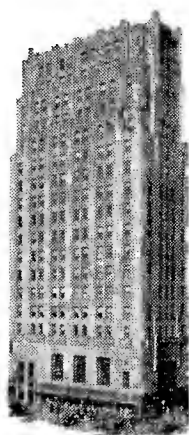
There were, however, other kings living in Vienna during the latter part of the 19th century two of whom fame has come to paint today as much for their personal friendship as for the contributions they made to society. Each of these was to die and to leave behind him heritage never to be forgotten. One of these men died in Vienna on April 3, 1897 at 8:30 A.M. In his native city, Hamburg, all flags were hung at half mast and as his funeral procession wound its way through Vienna the streets were packed with mourners. Finally, the jaundiced emaciated body of Johannes Brahms was laid to rest in the central cemetery of Vienna, close to the final resting places of Beethoven and Schubert, and not far from the monument to Mozart.

The other king died in February, 1894, of heart failure, and in the *Vienese Clinical Weekly* there was printed the speech of the Rector of the University of Vienna recording his passage:

"For Theodore Biloeth, the black flag of mourning is flying from the University roofs. It signifies the death of a man who was the foremost ornament of the faculty. Science has lost one of its most genial representatives, an inspiring spirit which all we younger men gazed at in veneration. Our sorrow is deep, for out of the faculty circle that man has departed who, without question, has been its spiritual and psychic center . . ."

Brahms had been born in 1833 in Hamburg of poor parents of the lowest social order, living in the most disreputable district of the city, but he had become the greatest chamber music and symphony composer of Europe since Beethoven, Mozart, Hayden, and Schubert. Biloeth had been born in Bergen of highly educated parents whose ancestors had been clergymen, administrators, artists and musicians. He became the best known surgeon in Europe. The friendship of these two men is well recorded in the letters that they left behind them, a heritage of the pre-telephone era. The letters of Brahms were usually short and to the point, while those of Biloeth were usually long and philosophical. Brahms was in the habit of sending his compositions to Biloeth for critical analysis before they were performed, or many of his chamber works were first performed in the presence of Biloeth, often with Biloeth as one of the performers. His criticisms were much valued by Brahms, for here, undoubtedly, was one of the most brilliant minds of the entire 19th century, scientist and musical artist. This man recognized the need for art in our daily lives, and was able to leave behind him a rich inheritance of scientific advance, as well as a philosophy of artful living, which he, too, recognized as being highly personal:





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". . . The music, as well as the poetry, is of course not meant for everyone. When I think of the average public in a Viennese Concert Hall I feel a little upset. Of what importance is tragedy to them relating to the death of the beautiful and perfect? . . . Most people are accustomed to listen to music which is purely and absolutely divorced from their emotional selves . . . One certainly does not note in this beautiful composition the difficulty that must be involved in order to rhythmically handle a hexameter."

". . . If the investigator cannot imagine what he wants to investigate, if he, at the very beginning has only a very sketchy idea of the importance of what he wants to do in research, he stays an apprentice of science and never gets to be a master. I have never known a great man in research, be it personally or be it from his biography, who was not essentially an artist, with a rich fantasy and childlike sensibilities. Now I see I have again arrived at my hobby—Science and Art spring from the same source."

And here we find one of the most profound remarks that Bilroth was to make for he, too, realized that Genius in a man is first conceived in the imagination and then brought to fruition only by hard work. We live in a world surrounded by mediocrity where often incentive is stifled by our colleagues or by governmental punitive taxation. There seems to be a tremendous effort being made to reduce all men to the level of the most mediocre. Whereas Genius, to survive, deserves to be rewarded.

*Richard D. Murray, M.D., M.Sc. (Med.)*

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## PROCEEDINGS OF COUNCIL

November 10, 1958

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, Nov. 10, 1958 at the office of Dr. M. W. Neidus, 318 Fifth Ave., Youngstown, Ohio.

The following physicians were present: A. A. Detesco, President, presiding, J. J. McDonough, C. W. Stertzbach, F. G. Schlecht, C. C. Wales, Asher Randell, A. K. Phillips, H. P. McGregor, S. W. Ondash, M. W. Neidus, M. S. Rosenblum comprising council.

Meeting was called to order at 9:07.

Dr. Detesco introduced discussion concerning immunization. He reported that the Board of Health objected to certain aspects of screening. Dr. McDonough reported that the Board of Health wanted three months' study to see if non-screening would work. The motion was made that Dr. McDonough meet with Dr. Blum to work out a system of screening and jointly present it to the Board of Health, with the understanding that the system be reassessed in three months. The motion was seconded and duly passed.

Discussion was brought up concerning the status of Jr. Active dues in light of the increased Active dues. The motion was made, seconded and duly passed that Jr. Active dues would remain the same.

Dr. McGregor reported that members of his Canfield Fair Committee met with Mr. George Bishop of the Canfield Fair Board, and that the Fair Board agreed that no hearing tests should be given at the Canfield Fair without the consent of the Ohio State Board of Health.

Bills were read. A motion was made, seconded and duly passed to pay each one. A list of bills is attached to the minutes.

*A. K. Phillips*  
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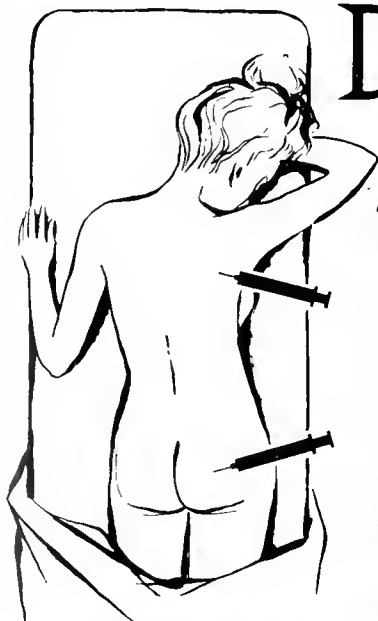
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# MEDICAL GLEANINGS

## SCHULTZ-DALE TEST FOR DETECTION OF SPECIFIC ANTIGEN IN SERA OF PATIENTS WITH CARCINOMA

*Burrows, D.*

*Brit. M.J. 1:368 (Feb. 15) 1958*

A serologic test for carcinoma described in 1955 by Makari and Huck was investigated and its reproducibility verified. The test proved 96.7 per cent accurate among 301 patients with carcinoma and among 207 patients without carcinoma whose sera were tested. Possible reasons for the false negative and false positive results were discussed. It was not possible with the test to produce a positive result with the sera of 12 patients with sarcoma and five with leukemia—a finding without explanation. The test furnished no quantitative measurement of the amount of carcinoma present. It proved accurate in diagnosing tumors as small as one-half inch in diameter. Below that size, the accuracy decreased, so that the test would have no value in detecting small areas of malignant change as in a polyp or leukoplakia. A negative result postoperatively was found not necessarily to indicate a good prognosis. It often happened that a negative result did not become established until several weeks following an operation.

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## NEW MALIGNANT GROWTHS IN OLD AGE

### SOME POINTS IN MORBID ANATOMY

*Howell, T. H. and Piggot, A. P.*

*Geriatrics 13:176 (March) 1958*

At necropsy, carcinoma was found in 28.2 per cent of 2,221 subjects aged 65 years or older. The most common sites for new growths were the stomach (17.4%), colon (16.4%), bronchus (14.3%), esophagus (9.1%), and bile ducts and gall bladder (6.6%). Increase of age in patients with carcinoma of the alimentary tract was associated with a gradual diminution in frequency of malignant disease. In the genito-urinary tract, carcinoma occurred in the prostate in 3.4%, in the bladder in 3%, and in the kidney in 2.4% of the patients. The two oldest patients in the series were a woman 101 years of age with carcinoma of the bronchus, and a woman 93 years of age with carcinoma of the colon. This analysis showed that a new growth could be present without causing death, and that this was particularly true in the later decades of life. In the oldest age groups, two malignant tumors were sometimes found in the same body. The new growths found in elderly subjects at necropsy appear to possess certain characteristics not found in those occurring in younger persons.

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## EXFOLIATIVE CYTOLOGY OF GASTRIC CARCINOMA

*Schade, R.O.K.*

*Brit. M.J. 1:743 (March 29) 1958*

Cytologic examination of gastric washings has made it possible to diagnose gastric carcinoma at an early stage when the tumor is confined to the mucosa. Two illustrative cases are presented. A study of the histories of patients with "surface carcinoma" has shown that these carcinomas develop slowly and that several years may elapse before the familiar type of carcinomatous tumor develops. The mucosa of the stomach will have undergone a profound structural alteration and some form of chronic atrophic gastritis will be present, often with widespread intestinal metaplasia. These findings led to the recommendation that patients with achlorhydria associated with

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structural mucosal changes such as a diffuse chronic atrophic gastritis be investigated to rule out the presence of carcinoma. The technic for obtaining the specimen for cytologic study is described. The characteristics of the malignant cell groups found show the following characteristics: 1) they often appear in clumps with the nuclei more closely approximated to each other or with overlapping of nuclei; 2) an irregular chromatin structure appears in the nuclei; 3) the nucleoli may be large and present in increased numbers; 4) the nuclear membrane stains intensively; 5) the nuclei may show hyperchromasia; 6) the nucleocytoplasmic ratio is altered in favor of the nucleus; 7) the cells vary greatly in size; and 8) the cytoplasmic outline may be indistinct. In addition, any of the following may be found in the smears: large numbers of polymorphs, plasma cells, fresh, diffusely distributed erythrocytes, and an abnormal bacterial flora which indicates the presence of achlorhydria.

*Robert L. Jenkins, Jr., M.D.*

### **SOCIETY CONGRATULATES NEW DIPLOMATES**

Drs. Jack Malkoff and James R. Sofranec are now Diplomates of the American Board of Otolaryngology, having passed the exams in Chicago, Oct. 6-8.

Dr. Malkoff received his medical degree at Ohio State University College of Medicine in 1951. He had his training in Ear, Nose and Throat at the Veterans Administration in Los Angeles, 1952-1953, and at the Massachusetts Eye and Ear Infirmary in Boston, April 1953 to January, 1956.

Dr. Sofranec received his M.D. from Stritch School of Medicine of Loyola University in 1950. He interned at St. Elizabeth Hospital in 1950-1951, and completed one year of surgical residency at St. Elizabeth's before serving in the U.S. Army for two years, practicing ENT in Korea and Japan. He completed his ENT residency in 1956 at the U. of Illinois and Hines Veterans Administration Hospital in Chicago.

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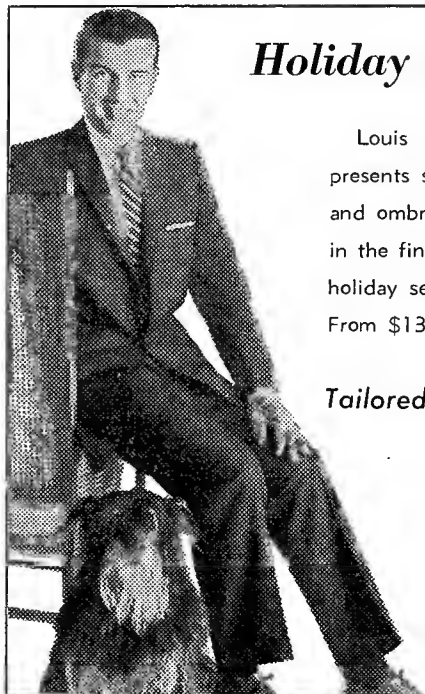
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## REPORT OF PUBLIC HEALTH COMMITTEE

The public health program of the Mahoning County Medical Society, begun in 1957, was completed during the past year. Dr. Leonard A. Blum was appointed by the newly created Board of Health as the first, full time, qualified physician Health Commissioner in Youngstown's history.

Since his appointment Dr. Blum has begun a long range program for the improvement of the public health facilities of the Youngstown area. At present he is setting up a program of polio immunization for the indigent. At the last meeting of the Youngstown Board of Health a screening program for the indigent was worked out that is satisfactory to Dr. Blum, the Mahoning County Medical Society, and the Board of Health. If this initial screening, as developed, is not completely satisfactory it will be re-evaluated after it has been in operation for sixty days.

Dr. Blum appears to be very happy in his job and is at the present time pleased with the cooperation of the Medical Society and the Youngstown Board of Health.

The Mahoning County Medical Society at large may be interested to know that the American Medical Association has expressed a sincere interest in the effort made by our Society to obtain a full time Health Commissioner and a Board of Health for the City of Youngstown. They have requested from the Chairman of the Public Health Committee a detailed report on the methods used to obtain this improved public health service for the community. Moreover, they will send this information out to all the Medical Societies in the United States through the public relations magazine of the American Medical Association called "P. R.". Also, they will develop a public relations "kit" that may be used elsewhere in the event that a county Medical Society would want to work for a full time physician Health Commissioner in their community.

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Medical Economics has also contacted the Society through our editor, Dr. Rosenblum, requesting complete information on how we successfully obtained an improved health department in the City of Youngstown.

The material requested above has been sent to both the American Medical Association and to Medical Economics.

Another interesting side-light on our public health program came from Mr. Damon Turner of the University of Pittsburgh. He contacted the Medical Society and requested information on the development of a new health department in Youngstown. He is writing a thesis for his doctorate in the social sciences and the title of his paper is "Conflict." He chose our long standing problem in the City of Youngstown as one of three major community projects in the country that was effectively resolved. The entire history of this struggle was supplied to Mr. Turner.

At the present time there are no immediate demands on the Public Health Committee of the Mahoning County Medical Society. I hope it remains that way for a time. 1957 and 1958 have been very interesting years but rather hectic for yours truly.

*John J. McDonough, M.D.*

*Chairman, Public Health Committee*

### NATIONAL GUARD MEDICAL OFFICER WANTED

In a letter to the Medical Society, Lt. Col. Melvin S. Frank has requested the society's help in finding a Medical Officer for the National Guard Air Defense Battalion whose headquarters is in Youngstown. Lt. Col. Frank is Commanding Officer of the 177th Antiaircraft Artillery Battalion.

Any physician who is interested should contact Lt. Col. Frank, who lives in Niles, or Lt. James Feisley, whose phone is RIverside 7-6321.

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## WOMAN'S AUXILIARY NEWS

The Woman's Auxiliary to the Mahoning County Medical Society was well represented at the Post Graduate Assembly of the Sixth Councilor District in Akron on October 22nd. Among those attending were Mrs. Earl H. Young, President of the Auxiliary, Mrs. Robert Brown, Mrs. E. B. Burrows, Mrs. Joseph Campolito, Mrs. Andrew Detesco, Mrs. William H. Evans, Mrs. Robert Fisher, Mrs. F. W. Friedrich, Mrs. H. E. Hathhorn, Mrs. John LaManna, Mrs. R. B. Poling, Mrs. William R. Smith, Mrs. Dean Stillson, and Mrs. Craig Wales.

A most enjoyable evening was spent October 13th when the Auxiliary members were guests of the Woman's Auxiliary to the Mahoning County Bar Association. The meeting was held in the Court of Appeals room at the County Court House and featured a mock trial put on by men of the Bar Association. The case involved an automobile accident, with the plaintiff Mr. Wantsit and the defendant Mr. Gotit well represented by two able attorneys of the ambulance-chasing variety. The medical testimony was given by Dr. Sluefoot (Dr. L. K. Reed), a "general" specialist of no mean ability, being well versed in the allied fields of orthopedics, gynecology and dermatology. A hilarious time was had by all, followed by delicious refreshments. The attorneys' wives will be guests of the Medical Auxiliary in January.

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### THREE ELECTED TO HONORARY MEMBERSHIP

At the November meeting, three physicians were elected to Honorary Membership. They are:

Dr. Wendell H. Bennett  
Dr. E. E. Kirkwood  
Dr. Dean Nesbit

Dr. Bennett has retired to Florida. His address is 2371 N.E. Seventh Pl., Sunrise, Ft. Lauderdale, Fla. Dr. Kirkwood is on an extended visit to the San Fernando Valley in California. Dr. Nesbit remains in Youngstown.

### DR. LOESER IN AMA JOURNAL

In the November 8, 1958 issue of the J.A.M.A., Dr. William Loeser, Director of Post Graduate Education of the Youngstown Hospital Association is quoted authoritatively in the "Prevention of Urinary Calculi after Paralytic Poliomyelitis" by Dr. Fred Plum of Seattle, Washington.

M.S.R.

Does marital status play a role in diabetes? Prior to the age of 45 the death rate from diabetes is higher for single women than for married women according to the publication "Patterns of Disease." For example, between the ages of 35 and 44 the death rate is approximately 65 per cent higher for single women. However, after the age of 45 the death rate for married women exceeds that for single women. Among men the death rate from diabetes is greater for the unmarried until the age of 70.

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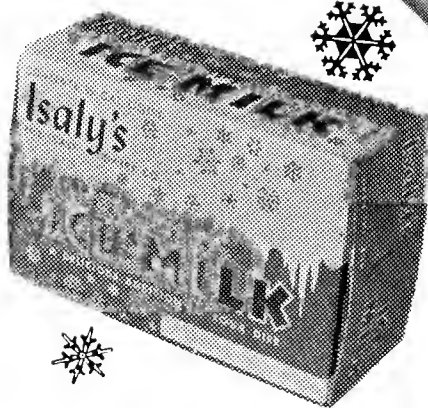
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